

2012 Emergency Preparedness Survey

Virginia Department of Emergency Management

We are conducting this survey to find out how Virginians are prepared for emergencies and disasters. If you have additional thoughts to share, use the blank space at the end of the survey.

1. Have you thought about the types of natural disasters, public health threats and other emergencies that could happen in your community?
☐ Yes ☐ No ☐ Don't know

2. Please rank the possibility of experiencing each of the following situations in your community. Mark your answers with an X in the appropriate spaces below.

	Unlikely	Likely	Most Likely
Hurricane/tropical storm	_____	_____	_____
Flood	_____	_____	_____
Tornado	_____	_____	_____
Severe snowstorm	_____	_____	_____
Earthquake	_____	_____	_____
Terrorist attack	_____	_____	_____
Industrial emergency	_____	_____	_____
Public health emergency	_____	_____	_____

3. Have you taken any actions to prepare yourself, your family or your business for any of the above emergencies? Check all that apply.

☐ Yes, myself ☐ Yes, my family ☐ Yes, my business or workplace
☐ No ☐ Don't know

4. What steps have you taken to prepare for the types of natural disasters, emergencies and threats that might occur in your area? Check all that apply.

☐ None ☐ Participated in a drill or exercise
☐ Collected information ☐ Prepared a written family emergency plan
☐ Discussed emergency plans with family ☐ Took special training (First Aid, CERT, CPR, etc.)
☐ Signed up for text/other alert systems ☐ Other _____

5. Do you have an emergency supply kit ...

in your home? ☐ Yes ☐ No ☐ Don't know
in your car? ☐ Yes ☐ No ☐ Don't know
at work? ☐ Yes ☐ No ☐ Don't know

6. Where would you go to get information during an emergency? Check all that apply.

☐ Local radio ☐ Local TV news ☐ National TV news
☐ Internet ☐ Friends and family ☐ Social networks (Facebook, Twitter, etc.)
☐ Other. Please explain. _____

7. If the power were out, roads were blocked, and you were told to stay in your home, do you have these basic emergency supplies, enough to last at least three days for each member of your family?

	Yes	No	Working on it	Don't Know
Canned/packageged non-perishable food	_____	_____	_____	_____
One gallon of water per person per day	_____	_____	_____	_____
Battery-powered/hand crank radio	_____	_____	_____	_____
Extra batteries for radio	_____	_____	_____	_____
Written family emergency plan	_____	_____	_____	_____

8. Have you and your family chosen meeting places outside of your neighborhood in case you are separated when an emergency happens and you cannot return home?

☐ Yes ☐ No ☐ Don't know

(Please turn the page over)

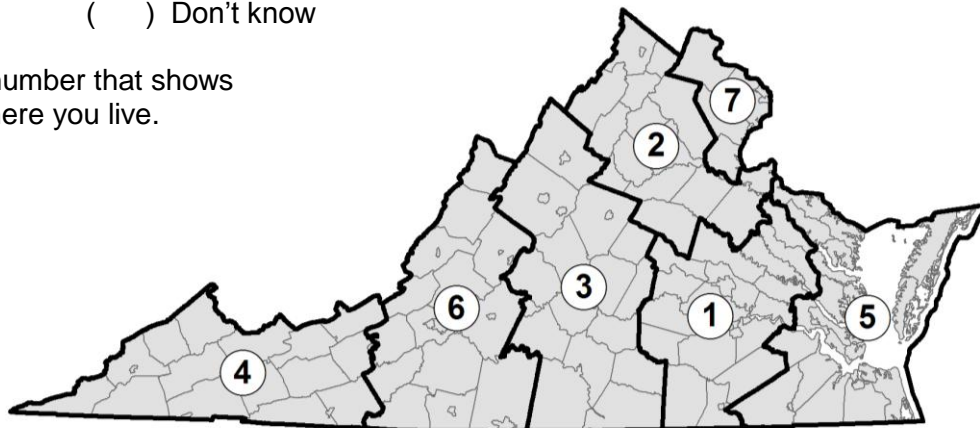
9. Have you and your family identified an out-of-town family member or friend who each of you will contact in case you are separated during an emergency?
☐ Yes ☐ No ☐ Don't know
10. Which of the following would you use to learn more about emergency preparedness? Check all that apply.
☐ Home improvement stores ☐ Ready Virginia website
☐ Local radio and TV stations ☐ Local government website
☐ Local library ☐ Flyers and brochures
☐ Newspaper ☐ Other _____
11. Are you familiar with your child's school/childcare/college emergency plan?
☐ Yes ☐ No ☐ Does not apply

The following questions allow us to develop better materials based on differences within the community in Virginia:

12. Please mark your gender: ☐ female ☐ male
13. Marital status: ☐ single ☐ married ☐ other
14. Age group: ☐ under 20 ☐ 20-29 ☐ 30-39
☐ 40-49 ☐ 50-59 ☐ 60 and older
15. Ethnicity: ☐ White/non-Hispanic ☐ African American ☐ Native American
☐ Asian American ☐ Hispanic/Latino ☐ Other
16. Do you have family members or others living with you who have special medical and/or functional needs?
☐ Yes ☐ No ☐ Don't know

17. Based on the map, circle the number that shows the geographic area of Virginia where you live.

- (1)
(2)
(3)
(4)
(5)
(6)
(7)
(8) Not a VA resident



18. To track the accuracy of our process, please tell us how you received this survey, select one option:
☐ link from Facebook ☐ link in EM Update
☐ link from twitter ☐ link on Website
☐ paper survey ☐ Other , specify _____
19. Are you a first responder (employed/volunteer in fire or law enforcement services) or employed in the field of emergency management?
☐ Yes ☐ No

20. Please use this space if you have additional thoughts about emergency preparedness. Thank you!

THANK YOU!